

Registration District No. 305

Primary Registration District No. 6047

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town Josephville, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Green Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Ferdinand Kersting

3. (b) If veteran, name war.

3. (c) Social Security No.

4. Sex M.

5. Color or race W.

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive, years

7. Birth date of deceased

Sept 29 1883
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

59

11

26

hr. min.

9. Birthplace

Josephville
(City, town, or county)

Mo.
(State or foreign country)

10. Usual occupation

laborer

11. Industry or business

Stephen Kersting

12. Name

Kersting

Germany
(State or foreign country)

14. Maiden name

Kersting

Mo.
(State or foreign country)

15. Birthplace

St. Louis
(City, town, or county)

Mo.
(State or foreign country)

16. (a) Informant

Laurence Kersting

(b) Address

St. Louis

17. (a)

Burial
(Burial, cremation, or removal)

(b) Date thereof Sept 25 1943
(Month) (Day) (Year)

(c) Place: burial or cremation

Josephville, Mo.

18. (a) Signature of funeral director

Wentz

(b) Address

Wentzville, Mo.

19. (a)

Sep-27-43
(Date received local report)

(b) Verdus S. Forister
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Charles
(c) City or town Josephville, Mo. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Green Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Sept day 23
year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 1943 to Sept. 1943
that I last saw him alive on 9/15/43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regeneration
Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) () Means of injury

23. Signature W. C. W. W. W. (M. D. or other) MD
Address Wentzville, Mo Date signed 9/24/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

R. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.